



March 14, 2014

Testimony – Children, Family, Health & Human Services Interim Committee: 3/14/14

My name is Dan Aune, Executive Director of MHA of MT – a statewide mental health advocacy/education/research organization based in Bozeman, MT.

Thank you for your work and the opportunity to allow our voice on the issues of mental health in Montana.

My testimony today reflects research on how Montana compares to four other states (Oregon, Vermont, Colorado, and Minnesota) in regards to spending on community-based mental health services and institution mental health care. The disparity is obvious in regards to the amount of the mental health budget spent on institutional care. The story is more compelling when one looks at how much we spend per capita on mental health - \$173.59. Our high cost per capita is related directly to institutional care.

I have another resource white paper which details the other states service continuum, philosophy on mental health care, and new initiatives that have transformed their respective mental health delivery system. I have sent this to Sue O'Connell for your consumption at another time.

Before the committee and legislators look to build more institutional care. I and the constituents I represent ask that you consider compelling the Legislature, the Governor and the Administrative branch of the Department of Public Health & Human Services & Addictive and Mental Disorders Division to invest in a strategic planning initiative. The initiative needs to adopt a direction that puts to work the per capita expenses into a more effective and efficient mental health delivery system.

We are spending the money – unfortunately not at the right time or right place. I also offer a recent letter to the editor I wrote that addresses the impact of untreated mental health in the workforce and limited access to services.

I stand ready to partner or act as a resource to this committee and others who want a transparent strategic planning process that transforms our current mental health delivery system and model of high institutional care.

Respectfully,

A handwritten signature in black ink that reads 'Dan M. Aune'.

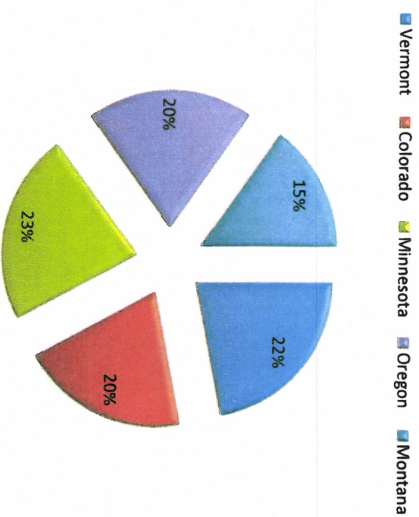
Dan M. Aune,
Executive Director

CHILDREN & FAMILIES INTERIM COMMITTEE
March 13 and 14, 2014
March 14, 2014 Exhibit 5

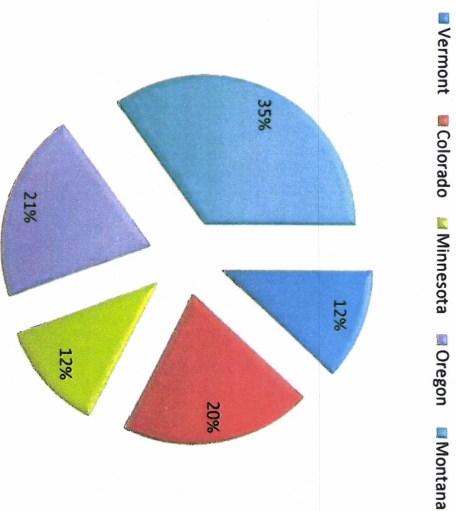
"Educating and Advocating for the Mental Health of all Montanans."
www.montanamentalhealth.org

Community-Based MH Expense - Percent of total state MH spending			Institutional Care Expense		Combined Community Based and Institution Per Person Expense	
	81%		15%	Vermont		\$239.84
	74%		26%	Colorado		\$88.41
	84%		15%	Minnesota		\$150.18
	73%		26%	Oregon		\$53.05
	56%		44%	Montana		\$173.59

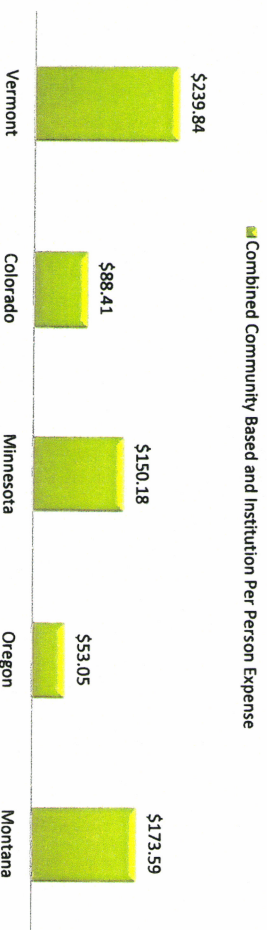
Community-Based MH Expense -
Percent of total state MH spending



Institutional Care Expense



Combined Community Based and Institution Per
Person Expense



Why Governor Bullock and Montana Legislators Ought to Prioritize Mental Health for Montanans

I was trained as a mental health clinician with a master's degree in social work. In each of my roles whether as a clinician, a manager, consultant or advocate I have found that money drives the health care system and who has access to care. My job along with helping people find hope and make sense of their world has included how to solve providing access to services and how to get adequate payment to sustain services. I recently read the National Institute of Mental Health (NIMH) blog from Director Thomas Insel, M.D.

(http://www.nimh.nih.gov/about/director/2014/mental-health-in-davos.shtml?utm_source=govdelivery&utm_medium=email&utm_campaign=govdelivery) and would encourage you to do so as well.

The blog spoke about the recent study performed by the World Economic Forum (WEF) which offered that “mental health disorders have emerged as the single largest health cost...beating out the costs of diabetes, cancer and pulmonary diseases combined.”

More importantly for state of Montana policy and decision-makers, like Governor Bullock and our Legislators, is that mental illness impacts Montanans not only in their quality of life but through employment productivity via “absenteeism and presenteeism (at work despite illness)”. The less we do to support a quality mental health delivery system with accountability, the more the costs will increase through loss of revenue and taxes, not to mention the loss of self-worth and diminished capacity of those Montanans impacted by a mental illness diagnosis that is disabling.

How do we achieve a better system with results that saves money and lives? First the Governor and the Legislators need to say “mental health is a priority”. Second as advocates, my colleagues and I need to offer both the Governor and Legislators an understanding that we are not talking about or asking them to spend more Montana tax payer dollars. A solution would be for the Governor and the Legislators to sanction a time limited strategic planning process inclusive of and transparent to the mental health delivery stakeholders. The process could prove to save money by setting direction, analyzing the available funding sources to include barriers to “right time/right place spending”, identifying practices and accountability, and focusing on services in communities.

What is the cost? Montana already spends \$173.59 per capita annual on mental health (national average of \$120.56 per capita) per information provided by the Henry J. Kaiser Family foundation (<http://kff.org/other/state-indicator/smha-expenditures-per-capita/>). It is important for the Governor and the Legislators to know there are barriers to the current funding being spent in the right place at the right time. The barriers have to be dismantled and could be achieved through the strategic planning process. The current Montana mental health delivery system is based on institutional care which moves people impacted by their illness away from their homes, jobs and community. We are not talking about more institutional care— we are talking about seriously prioritizing access to mental health services in a Montanan's home community (e.g. screening, intervention, integration with primary care, and opportunity to be healthy and work). This is doable and holds all of us accountable.